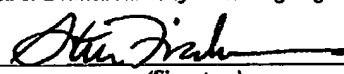


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			<b>Docket No.</b>
Applicant(s): Yoshinori Hijikata, et al.			JP919990254US1 (18195)
<b>Application No.</b> 09/746,236	<b>Filing Date</b> December 22, 2000	<b>Examiner</b> Joseph R. Maniwan	<b>Group Art Unit</b> 2144
Invention: <b>INFORMATION EXTRACTION SYSTEM, INFORMATION PROCESSING APPARATUS, INFORMATION COLLECTION APPARATUS, CHARACTER STRING EXTRACTION METHOD, AND STORAGE MEDIUM</b>			
<p>I hereby certify that this <u>Change Of Correspondence Address Form</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>April 11, 2005</u> (Date)</p> <p style="text-align: right;"><u>Steven Fischman</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

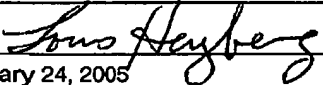
P18/REV02

PTO/SB/122 (06-03)

Approved for use through 11/30/2005. OMB 0651-0036

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <b>Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.		Application Number		09/746,236	
		Filing Date		12/22/00	
		First Named Inventor		Hijikata	
		Art Unit		2144	
		Examiner Name		Maniwang, Joseph R.	
		Attorney Docket Number		JP919990254US1	
Please change the Correspondence Address for the above-identified patent application to:					
_____ Customer Number: _____  OR					
Firm or Individual Name		STEVEN FISCHMAN, ESQ. SCULLY, SCOTT, MURPHY & PRESSER			
Address		400 Garden City Plaza			
Address					
City		Garden City	State	New York	Zip 11530
Country		United States of America (USA)			
Telephone		516-742-4343	Fax	516-742-4366	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  _____ Applicant/Inventor  _____ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> Attorney or Agent of record. Registration Number <u>41,500</u>  _____ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____					
Typed or Printed Name <u>Louis P. Herzberg</u>  Signature   Date <u>February 24, 2005</u> Telephone <u>914-945-2885</u>					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  _____ *Total of _____ forms are submitted.					

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.